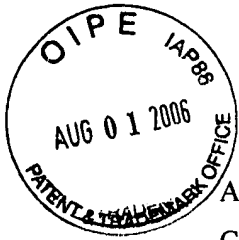


Express Mail Label No. EV804431674 US
Date of Deposit: August 1, 2006

Attorney Docket No.: VPI/02-131 US

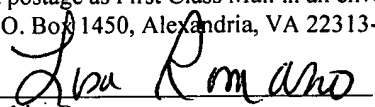


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/743,563
Confirmation No.: 5056
Filing Date: December 22, 2003
Examiner: Zinna Northington Davis
Group Art Unit: 1625
Applicants: Charrier et al.
For: CASPASE INHIBITORS AND USES THEREOF

Certificate of Mailing Under 37 CFR §1.8

I hereby certify that this correspondence and any documents referred to as attached hereto are being deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 1, 2006.


Lisa Romano

August 1, 2006
Cambridge, Massachusetts

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ an Amendment and Reply to Office Action; ☒ Request for Continued Examination (RCE); ☒ a Return Receipt Postcard; ☐ a Transmittal for Supplemental Information Disclosure Statement; ☐ a PTO Form 1449; ☐ a Response to Notice to File Missing Parts; ☐ a Supplemental Declaration; ☐ an Associate Power of Attorney; ☐ a substitute Specification; ☐ formal drawings; ☐ Notice of Appeal; ☐ Appeal Brief; ☐ Petition for Revival; to be filed in the above-identified patent application.

Applicants: Charrier, et al.
Application No.: 10/743,563

FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.

☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	* =	X \$ 50	= \$ 0
INDEPENDENT CLAIMS	-	** =	X \$ 200	= \$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM			+ \$ 360	= \$
* If less than 20, insert 20.				TOTAL \$ <u>0</u>
** If less than 3, insert 3.				

☐ A check in the amount of \$___ in payment of the filing fee is transmitted herewith.

☐ Please charge \$___ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

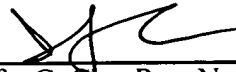
☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Applicants: Charrier, et al.
Application No.: 10/743,563

EXTENSION FEE

- ☐ The following extension is applicable to the Response filed herewith; ☐ \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); ☐ \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); ☐ \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- ☐ A check in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 in payment of the extension fee is transmitted herewith.
- ☐ Please charge the extension fee in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,



Jennifer G. Che, Reg. No. 58,035
Agent for Applicants
Lisa A. Dixon, Reg. No. 40,995
Attorney for Applicants
Vertex Pharmaceuticals Incorporated
130 Waverly Street
Cambridge, Massachusetts 02139
Tel: (617) 444-6525
Fax: (617) 444-6483
Customer No. 27916